

# *Nursing Home Residents' Rights*

## *Informed Consent for Medical Treatment*

### *What is informed consent?*

Nursing homes cannot perform any medical treatment or procedure which could present a significant risk to you unless you are given certain information and agree to the treatment or procedure. If you do not have the ability to understand the information given about the proposed treatment, the information must be provided to your representative. Your representative may be a relative, a court appointed conservator, a person that you have chosen through a "Power of Attorney for Health Care," or some other representative chosen by you within the law.

### *Some questions that your doctor should answer are:*

- ▼ What is the nature of the illness for which the treatment is being suggested?
- ▼ What procedures are to be used? For how long? How often?
- ▼ What are the risks of the procedures?
- ▼ What is the expected amount of improvement or decline (temporary or permanent) with the proposed treatment?

- ▼ What kind of side effects should you expect? How long will they last? How likely are they to occur?
- ▼ Are there any alternative treatments? Why is your doctor recommending this one?
- ▼ What are the risks and benefits of the suggested alternatives?

### *Remember:*

You have the right to accept or refuse treatment, and if you accept, you have the right to change your mind for any reason at any time.

Your decision about the proposed treatment will be recorded in your health record. After it is recorded, the nursing home does NOT have to get your permission every time you have the treatment. You can change your mind about the treatment for any reason at any time.



*Continued on reverse*



## Informed Consent for Medical Treatment *(continued)*

Although your doctor is only required to provide a full explanation for procedures which present a significant risk to you, you should know that a nursing home cannot give you ANY treatment or perform any procedure against your will.

Routine care, such as bathing, feeding, etc. does not require a full explanation from your doctor. Your consent for this type of treatment is usually implied or

may be stated as part of the admission agreement that you signed.

If you believe that you are receiving a treatment against your will, or have not been provided the information described above, contact the Department of Health Services, Licensing and Certification District Office in your area or the Ombudsman Program. The telephone numbers for both agencies are posted in your nursing home.

---

### Licensing and Certification District Offices:



Alameda	(866) 247-9100	Riverside	(888) 354-9203
Bakersfield	(866) 222-1903	Sacramento	(800) 554-0354
Chico	(800) 554-0350	San Bernardino	(800) 344-2896
Contra Costa	(800) 554-0352	San Diego North	(800) 824-0613
Daly City	(800) 554-0353	San Diego South	(866) 706-0759
Fresno	(800) 554-0351	San Jose	(800) 554-0348
Los Angeles	(800) 228-1019	Santa Rosa	(800) 554-0349
Orange	(800) 228-5234	Ventura	(800) 547-8267
Redwood Coast	(866) 784-0703		